## Media▶C

## Video Treatment *COPD: Learn More, Breathe Better* SHOTING SCRIPT – 4/13/07

VIDEO	AUDIO
Graphic background styled after campaign materials: symptoms float by on background.	Music up
Patient "teaser" video bites over background NOTE – Bites at right are paraphrased Larger text appears in foreground: "COPD Learn More Breathe better"	<ul> <li>Patient (Diane): To see the country from a motorcycle, to me that's the best way to relax.</li> <li>Patient (Dorothy): Music is my life Love to harmonizestay on key. Not to be able to sing like I used to, miss that greatly.</li> <li>Diane: When I started having problems, I'd start coughing, I didn't want to risk an accident I talked to my doctor about my symptoms, now I know it is COPD</li> <li>Dottie: They told me about COPD, didn't mean anything to me, emphysema, what is that?</li> </ul>
Host appears in video box, still over background. Text at bottom of screen: COPD = Chronic Obstructive Pulmonary Disease	Host: Have you heard of COPD? It's a serious lung disease that over time makes it hard to breathe.
Host comes full screen. We see he is at a lunch counter in a half-full diner. He has a cup of coffee and a newspaper on the counter in front of him. Gestures to newspaper for facts.	Host: Says here it's the 4 <sup>th</sup> leading cause of death and a leading cause of disability in the US. So why have you never heard of it? You might have heard it called by other names, like emphysema or chronic bronchitis.
Host is male, 45-55, "NASCAR dad"- type of guy, plain spoken and	Here's the thing: the number of people with COPD is increasing every

likeable, dressed in khakis and plaid shirt.	year – more than 12 million people have been diagnosed with it, and there are 12 million more out there who have the disease and don't even know it. So what puts you at risk?
	Diane: I began smoking as a teenager.
	Dottie: I smoked, I know the smoking was the agitator all along
	<i>Diane: Even thought you read about this, you think it's gonna be someone else, not me.</i>
	Dottie: I was in printingthe chemicals had an effect on me too.
We see waitress over host's shoulder who appears to be writing specials on blackboard but actually has written down the risk factors (as though she has "heard" the patient bites too) Can cut in to CU blackboard, he points to it. COPD Risk Factors: Smoking Environmental Exposure Genetic Factors	COPD most often affects people 40 and over who are either current or former smokers. Hey, thanks, Maria! It can also occur in people that've had long-term exposure to things in their environment that can irritate the lungs. And in some people, COPD is caused by a genetic condition, even if they've never smoked! But what does it feel like to have
CU host	COPD? How does it affect your life?
Patients: full screen; interviews intercut with b-roll	Diane: I had to give up motorcycle, go off road. Now I'm a passenger not a rider. I was gasping, couldn't breathe.
	Patient (Dorothy): (having a bout of smokers cough and trying to catch her breath) Hate that coughing, don't want to be struggling for breath.
	Host: I bet you know people like this.

<ul> <li>Host turns a page to show us a ½ page COPD PSA in newspaper, holds it up for us to see.</li> <li>Constant coughing or "smoker's cough"</li> <li>Shortness of breath</li> <li>Feeling like you can't breathe</li> <li>Not being able to take a deep breath</li> <li>Wheezing</li> </ul>	The thing is, they started out by just feeling a little short of breath now and then, maybe coughing a bit. If that happens to you, how do you know if its something you really should be paying attention to? Take a look here. Are you constantly coughing, what we often call "smoker's cough"? Do you get short of breath doing things that you used to be able to do? Do you ever feel like you can't breathe or can't take a really deep breath? Do you find yourself wheezing? Well, all of these are symptoms of COPD.
Host puts money on the counter and gets up to leave.	Look I'm not a doctor, lets go talk to somebody who knows all about this stuff.
Host is walking down hallway in medical center with Edna.	Host: This is Edna. Throughout her career as a nurse and a respiratory therapist, she's worked with many, many people helping them to improve their lung functionand in fact, she also has COPD.
	Edna: That's right.
Cut to them sitting in a medical office or lab (Kaiser clinic) with Edna. There is a laptop on the table between them.	Host: So Edna, tell me a little more about how COPD affects your breathing.
Edna pulls up illustrations on laptop, we cut in.	Edna: Let me show you. When we are healthy, the air sacs in the lungs are elastic, they bounce back to their original shape after being stretched out or filled with air when we inhale, just the way a balloon does. But in people with COPD, the air sacs no longer do that, they lose that elastic quality, and the airways can become thicker than normal. People with COPD also might find they have more mucus in the lungs. Both those things make it difficult to move air in

	and out of the lunge
	and out of the lungs.
	Host: So what should people do if they have some of the risk factors or symptoms we talked about earlier?
	Edna: It's really important that you talk to your doctor. You've got to let him or her know what you are experiencing, and ask about a getting a breathing test called spirometry.
	Host: Spirometry? Now what is that?
Edna pulls up video on her computer of spirometry which comes full screen while Edna talks over it.	Edna: It's a simple screening test that can probably be done in your primary care office. I've actually got some patients here on video Spirometry measures how well your lungs function. You'll be asked to breathe into a tube and the machine that it's attached to will record the results and display them on a graph for your doctor. From those readings, he or she will be able to assess how well your lungs are working and whether or not you need to worry about COPD.
Cut back to 2 shot	Host: So the key is getting diagnosed.
	Edna: Absolutely. From there, you and your doctor can come up with a plan to manage your symptoms, breathe easier, and lead a more active life.
	Host: But Edna, we both know that not everyone likes going to the doctor, especially if it means he's going to tell them to quit smoking!
	Edna: I know, that was me! I had smoked for XX years when I was diagnosed, and it was hard to hear that I had to give it up. But I knew it was the only way I would be able to

	live the life I wanted to live. Your doctor can help you find out about smoking cessation programs, there are many out there that really work. It's tough to quit, I can tell you first hand, but it is worth the effort. Once I quit smoking, started taking medication, and doing some regular exercise, I felt a lot more like my old self again. And I've heard many other patients tell a similar story
She pulls up patient video on her laptop and it comes full screen	
	Patient (Dorothy) Quitting smoking was the hardest of all, but I knew I had to give them up.
B-roll Diane in her office	Diane: Try to stay health, I watch my diet, I take my medications, visit the doctor, get my flu shot, and keep a
B-roll Dorothy walking	positive attitude Dorothy: I want to be doing things, moving around, walking. I can't stay still. When I breathe better, I feel better.
	Dorothy: Since I quit, 100% better.
Host outside leaving clinic, zipping up jacket. (location is generic, we can shoot it outside the clinic or other building)	Host: If you think you might be at risk for COPD, talk to your doctor and get tested. If you are one of the millions of
Bring up lower third graphic For more information	American dealing with this disease, you're not alone.
www.learnaboutcopd.org	Visit <u>www.learnaboutcopd.org</u> for a lot more information and ways to find help.
Shot to soft focus, website prominent	